

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 08/01/2012  
FORM APPROVED  
OMB NO 0938-0391

454 9/16/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445253	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/06/2012
NAME OF PROVIDER OR SUPPLIER  LOUDON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 GROVE ST BOX 190 LOUDON, TN 37774	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9 19 2 9.1.  This STANDARD is not met as evidenced by. Based on observation and record review, the facility failed to assure emergency lighting is maintained.  The findings include:  Observation and record review on July 31, 2012 between the times of 10:00 a.m. and 11:30 a.m. revealed the following.  1. No documentation of testing battery backup emergency lighting  2. Rehab department had three (3) of three (3) battery backup emergency lights that did not work upon testing.  These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 31, 2012	K 046	<p>K 046</p> <ol style="list-style-type: none"> <li>1. All 3 lights in the Rehab department have been replaced with new lights. 08/06/12</li> <li>2. These Emergency lights will be checked monthly along with all emergency lighting for proper operation.</li> <li>3. Monthly checks through our preventative maintenance program for all emergency lighting will be established by our maintenance director.</li> <li>4. The Maintenance director or designee will report to the Quality Assurance Committee (Administrator, DNS, ADNS, SDC, RD, Social Services, Activities and Medical Director) monthly for 3 months then quarterly for 6 months, for review to ensure all is in proper working order.</li> </ol>	
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully	K 056	<p>K 056</p> <ol style="list-style-type: none"> <li>1. It is the practice of this facility to have a system that is properly maintained in accordance with NFPA25 at all times. Sprinkler head in the kitchen dish room will 09/16/12</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

*B. Set...*

*Ey. Director*

*8/17/12*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 056	Continued From page 1 supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all areas were sprinklered and installed properly.  The findings include:  Observation on July 31, 2012 between the time of 12:00 p.m. and 4:00 p.m. revealed the following:  1. Sprinkler head in the kitchen dish room was obstructed by exhaust hood and light fixture  2. Sprinkler head in the chemical storage room outside of walk in freezer was corroded.  3. Patient rooms 335 and 336 have different sprinkler heads in the room and open closet space.  4. Patient rooms located in Wings A, B, C, and D have no sprinkler coverage in closets  5. Front lobby has mixture of quick response sprinkler heads and standard response sprinkler heads  These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July	K 056	be moved, replacement of the freezer sprinkler head will be replaced, all heads will be the same in the closed fire area, and the front lobby will all have quick response sprinkler heads. The facility has chosen to remove all closets that are not covered by the system and replace with free standing wardrobe's that does not interfere with the sprinkler head coverage.  2. The facility has been in contact with a sprinkler company to help provide all areas to be updated to meet the NFPA25 at all times.  3. By changing all enclosed closets to the free standing wardrobe's there should not be any other issues.  4. The maintenance director will report to the Quality Assurance Committee (Administrator, DNS, ADNS, SDC, RD, Social Services, Activities and Medical Director) monthly on the progress of these changes.  Due to this large project on changing the closets to free standing wardrobes, I would like to ask for an extension of time. The manufacture has set a 4 month time frame to have all delivered. Changing all sprinkler heads to meet the NFPA25 will be done by 9/16/12.		

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K 056	Continued From page 2 31, 2012	K 056			